

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875Application or Docket Number
10/626 550

BEST AVAILABLE COPY

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
GENERAL (37 CFR 1.10(a))		
TOTAL CLAIMS (37 CFR 1.10(d))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

* If the difference in column 1 is less than zero, enter '0' in column 2.

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED
GENERAL (37 CFR 1.10(a))	\$.....
TOTAL CLAIMS (37 CFR 1.10(d))	\$.....
INDEPENDENT CLAIMS (37 CFR 1.16(b))	\$.....
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))	\$.....
TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.60(e))	5	minus	20
Independent (37 CFR 1.60(b))	1	minus	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	ADDI- TIONAL FEE
GENERAL (37 CFR 1.10(a))	\$.....
TOTAL CLAIMS (37 CFR 1.10(d))	\$.....
INDEPENDENT CLAIMS (37 CFR 1.16(b))	\$.....
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))	\$.....
TOTAL ADD'L FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.60(e))	5	minus	20
Independent (37 CFR 1.60(b))	1	minus	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE ADDITIONAL FEE

OR RATE ADDITIONAL FEE

OR RATE ADDITIONAL FEE

FOR	ADDI- TIONAL FEE
GENERAL (37 CFR 1.10(a))	\$.....
TOTAL CLAIMS (37 CFR 1.10(d))	\$.....
INDEPENDENT CLAIMS (37 CFR 1.16(b))	\$.....
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))	\$.....
TOTAL ADD'L FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.60(e))	5	minus	20
Independent (37 CFR 1.60(b))	1	minus	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE ADDITIONAL FEE

OR RATE ADDITIONAL FEE

OR RATE ADDITIONAL FEE

FOR	ADDI- TIONAL FEE
GENERAL (37 CFR 1.10(a))	\$.....
TOTAL CLAIMS (37 CFR 1.10(d))	\$.....
INDEPENDENT CLAIMS (37 CFR 1.16(b))	\$.....
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))	\$.....
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.

** If the 'Highest Number Previously Paid For' in THIS SPACE is less than 20, enter '20'.

*** If the 'Highest Number Previously Paid For' in THIS SPACE is less than 3, enter '3'.

The 'Highest Number Previously Paid For' (total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 172 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application forms to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10626580

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	4	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	8 minus 20 =	
INDEPENDENT CLAIMS	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

10/12/04 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	5	20	-
	Independent	1	3	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	5	20	-
	Independent	1	3	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		20	-
	Independent		3	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		+280=	
TOTAL		OR TOTAL	

SMALL ENTITY OR OTHER THAN
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		+280=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		+280=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		+280=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 2.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.